

Receipts for Independent Expenditures

Page ____ of ____

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

1. Receipt Information				
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
				\$
				\$
				\$
				\$
				\$
				\$
2. Total Receipts THIS Page (sum all the '1e' entries on this page)				\$
3. Total Receipts ALL Pages (sum all the '1e' entries on all receipt pages)				\$